

4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

Received & Inspected

June 11, 2014

JUN 30 2014

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

FCC Mail Room

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 432011 located in Oklahoma. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

This filing contains CONFIDENTIAL information, (200) Service Outage Reporting (Voice), which is not readily ascertainable to Windstream's competition. Release of this information would cause Windstream to reveal proprietary information and trade secrets and cause damage to its competitive position. Windstream requests that this data be treated as trade secret information.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely

Jeff Heacox

Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

Not. of Copies rec'd 0

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 4 OMB Contr July 2013	ol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	432011		Received & inspected
<015>	Study Area Name	OKLAHOMA WINDSTREAM		
<020>	Program Year	2015		JUN 3 0 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Heacox		
<035>	Contact Telephone Number: Number of the person identified in data line <0:	5017485390 ext.		FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030	jeff.l.heacox@winds	tream.com	
ANNUA	NL REPORTING FOR ALL CARRIERS			54:313 54:422 Completion Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	✓
	Outage Reporting (voice)		(complete attached worksheet)	1 1
<210>		if no outages to report		\
<300>	Unfulfilled Service Requests (voice) 4320110K310.p	df		
<310>	Detail on Attempts (voice)		(attach	descriptive document)
				/
<320>	Unfulfilled Service Requests (broadband)	0		
<330>	Detail on Attempts (broadband)		(attach	descriptive document)
	Number of Complaints per 1,000 customers (vo	ice)		
<410> <420>	Fixed 2.85 Mobile 0.0			1 1
<430>	Number of Complaints per 1,000 customers (browning)	oadband)		/ 111110
<440>	Fixed 1.62			
<450> <500>	Mobile 0.0 Service Quality Standards & Consumer Protection	on Rules Compliance	(check to indicate certification)	1 1
<510>			(attached descriptive document)	V
<600>	Functionality in Emergency Situations 4320110K610.pdf		(check to indicate certification)	1 1
<610>			(attached descriptive document)	1
<700>	Company Price Offerings (voice)		(complete attached worksheet)	√ ////////////////////////////////////
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	- Allin
<800>	Operating Companies and Affiliates	NAMES OF THE PROPERTY OF THE P	(complete attached worksheet)	
<900> <1000>	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability 4320110K1010.pdf	lif :	res, complete attached worksheet) (check to indicate certification)	·
<1010>			(attach descriptive document)	
<1100>	Terrestrial Backhaul (Y/N)?	(y	not, check to indicate certification)	
<1110>			(complete attached worksheet)	
<1200>	Terms and Condition for Lifeline Customers	nol Documentation the 1	(complete attached worksheet)	William A
	Price Cap Carriers, Proceed to Price Cap Addition Including Rate-of-Return Carriers affiliated with			
<2000> <2005>	masoning note of neturn currers affinitied with	ee cop Locui Exchange	(check to indicate certification) (complete attached worksheet)	· Allilli
<3000>	Rate of Return Carriers, Proceed to ROR Addition	onal Documentation Work		1. 18. 18. 18. 18. 19. 19.
<3000>			(check to indicate certification) (complete attached worksheet)	11/1/1

THE STATE OF STREET	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	432011	
<015>	Study Area Name	OKLAHOMA WINDSTREAM	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please check these boxes below to confirm that the attached documents(s), on lit 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (V	oice)
Data Collection Form	

<220>

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	432011
<015>	Study Area Name	OKLAHOMA WINDSTREAM
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

i.	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
												-AM
							See attached					
						WO	rksheet					
							-11-12-					
												100 m

Data Col	ce Offerings including Voice Rate Data lection Form	OMB Control No. 3060-0986/QIMB Centrol No. 3060-0819					
<010>	Study Area Code	432011					
<015>	Study Area Name	OKLAHOMA WINDSTREAM					
<020>	Program Year	2015					
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox					
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.					
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com					
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge						

<81>	<82>	<83>	 	<b2></b2>	<b3></b3>	<b4></b4>	<65>	(
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
State	Exchange (rece)	JAC (CETC)	nate Type	Service Rate	State Substriber Line Charge	State Oniversal Service Fee	Service Charge	Total per line kates and re
<u> </u>		1						
		 						
		-						
		-						
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		1						
				See at	tached worksheet			
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		-						

(730) Broadband Price Offerings Data Collection Form			Form 481 IB Control No. 3060-0986/OMB Control No. 3060-08	819
		July	y 2013	

<010>	Study Area Code	432011
<015>	Study Area Name	OKLAHOMA WINDSTREAM
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

e	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (selec
				1				
			- See attac	hed				
			worksheet -					
								,

SCHOOL SECTION AND ADDRESS.	erating Companies lection Form		7.7			FCC Form 481 OMB Control No. 3060-0986/0 July 2013	OMB Control No. 3060-0819
<010>	Study Area Code		432011				
<015>	Study Area Name	W-1	OKLAHOMA WINT	DSTRRAM			
<020>	Program Year		2015				
<030>		ISAC should contact regarding this data	Jeff Heacox				
<035>		ber - Number of person identified in data line <030>	5017485390 e	xt.			
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	jeff.1.heaco	x@windstream.com			
<810>	Reporting Carrier	Oklahoma Windstream, LLC					
<811>	Holding Company	Windstream Holdings, Inc.					
<812>	Operating Company	Oklahoma Windstream, LLC					
<813>				<02>		<a3></a3>	
		Affiliates		SAC	Doing	Business As Company or Brand D	Designation
8.	1510						
8	77.4		See att	ached worksho	et		
6							
3							
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54							
2.5							
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	381818	10-11-11-11-11-11-11-11-11-11-11-11-11-1					
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		W					
					V-V		

	oal Lands Reporting ection Form	27	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		432011
<015>	Study Area Name		OKLAHOMA WINDSTREAM
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line		5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jeff.l,heacox@windstream.com
<910>	Tribal Land(s) on which ETC Serves	Choctaw	w Nation of Oklahoma
<920>	Tribal Government Engagement Obligation	432011.	Name of Attached Document
	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	m the status described on the attached document(s), on line 920,	Sele	lect
	trates coordination with the Tribal government pursuant to	70.5	s,No,
9 54.313	(a)(9) includes:	N/	IA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Yes	
<922>	Feasibility and sustainability planning;	Yes	
<923>	Marketing services in a culturally sensitive manner;	Yes	
<924>	Compliance with Rights of way processes	Yes	
<925>	Compliance with Land Use permitting requirements	Yes	
<926>	Compliance with Facilities Siting rules	Yes	
<927>	Compliance with Environmental Review processes	Yes	
<928>	Compliance with Cultural Preservation review processes	Yes	
<929>		Yes	

15000 AUGS HAROLES	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	432011
<015>	Study Area Name	OKLAHOMA WINDSTREAM
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff,l.heacox@windstream.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		432011	
<015>	Study Area Name		OKLAHOMA WINDSTREAM	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data lin	e <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030>	jeff.l.heacox@windstream.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		4320110K1210.doc	Name of Attached Document
<1220>	Link to Public Website	HTTP 1	http://www.windstream.com/About-Us	/Lifeline-Applications/
"Please ch	neck these boxes below to confirm that the attached document(s), on line 12	10,		
	bsite listed, on line 1220, contains the required information pursuant to			
§ 54.422	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually r				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	7		
<1222>	Details on the number of minutes provided as part of the plan,	1		
<1223>	Additional charges for toll calls, and rates for each such plan.	\checkmark		

accessed to be large or				
(2000) Pr	te Cap Carrier Additional Documentation	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FCC Form 481	
	ection Form			0-0986/OMB Control No.: 3060-0819
		E TO SERVICE OF THE S	July 2013	
menterna	Rute-of-Return Corners affiliated with Price Cap Lacal Exchange Carriers	and the second s	,,,,,,,,,	
<010>	Study Area Code	432011		
<015>	Study Area Name	OKLAHOMA WINDSTREAM		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.		12
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com		, , , , , , , , , , , , , , , , , , ,
CHECK H	ne boxes below to note compliance as a recipient of Incremental Connect Ameri	ca Phase I support frozen High Cost support Hi	ph Cost support to offset access charge reductions as	nd Connect America Phase II
CITECK (I	support as set forth in 47 CFR § 54.313(b),(c),(d),(c			id connect America Phase ii
	support as set forth in 47 crit g 54.525(0),(c),(d),(c)	, the mornation reported on this form and in	the documents accorded below is accorded.	
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
12011	314 Tear Certification (47 CFR & 34.313(b)(2))			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification		 	
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
-2025	2020 the local Citibath Support actimation			
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	Certification Support Used to Build Broadband			
			H-Yand	
	Connect America Phase II Reporting (47 CFR § 54.313(e))		-	
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
-2020-	Please check the box to confirm that the attached document(s), on I	ine 2021 contains the required information		
<2020>	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support	shall provide the number, names, and		
	addresses of community anchor institutions to which began providing	ng access to broadband service in the		
	preceding calendar year.			
				•
				1
				I
<2021>	Interim Progress Community Anchor Institutions			I
LULI	and the cost community calculations			I
				I
		10.00		J
		Name of A	ttached Document Listing Required Information	

(3000) R	Re Of Resern Carrier Additional Documentation	FCC Form 481
	lactice Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		3úly 2013
<010>	Study Area Code Study Area Name	432011
<015>	Program Year	OKLAHOMA WINDSTREAM 2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5017485390 ext.
MULTINI UNIO	Contact Email Address - Email Address of person identified in data line (COU)	ieff.l.heacox@windstream.com
CHECK t		to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
	CFK 9 34.313(7)(2). I further certify that the	Information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)
(3014)	If yes, does your company file the RUS annual report	(Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 3017	contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
(2015)	Telecommunications Borrowers)	h 51ama
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cast	n riows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	
(3327)	report and all required documentation	1
*****		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	rmat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3021)	Management letter issued by the independent certified public accountant that p	erformed the company's financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	<u>—</u>
	format comparable to RUS Operating Report for Telecommunications Borrowers,	
(3023)	Underlying Information subjected to a review by an independent certified	
(220)	public accountant	
(3024)		th Flour
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	SI FIOWS
(3026)	Attach the worksheet listing required information	
	L	Name of Attached Document Listing Required Information
		A STATE OF THE PARTY OF THE PAR

F 9000 THOUSE	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0813 July 2013
<010>	Study Area Code	432011
<015>	Study Area Name	OKLAHOMA WINDSTREAM
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 5017485390 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> jeff.1.heacox@windstream.com

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: OKLAHOMA WINDSTREAM Signature of Authorized Officer: CERTIFIED ONLINE Date 06/19/2014 Printed name of Authorized Officer: Director Regulatory Reporting Title or position of Authorized Officer: 5017487442 ext. Study Area Code of Reporting Carrier: 432011 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

11/1/1/2015 - 20/2017 12/1/2017	ion - Agent / Carrier lection Form	FC0-Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	432011
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier						
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting carrier. I sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a provided to the authorized agent is accurate.					
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
아이는 살 프랑이스 보다 시간 하다가 되면 하고 있다면 하는데 보다가 되었다면 하는데 하는데 되었다.	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Fitle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(200) Servic	e Outage	Repor	ting (Voice)
Data Collec	tion Form			

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819

<010>	Study Area Code	432011
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<220>		

<220> <a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Star	Outage		Outage	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
13-09932045	04/09/2013	07:03	04/09/2013	08:06	14961	14961	No	Wireline (including cable) Voice (non-VoIP), Scheduled Event (Outages, Restarts, Phases, etc.)	No	TOTALLY BACKED OUT OF MOP, RESTORING ALL PORTS TO THEIR ORIGINAL CONPIGURATION	Scheduled Outage
iii - 2040a		F76							-		
										<u> </u>	
								- Wa			
- Cana											
								17.10			SOUTH THE STATE OF
								- 12 - 124 5			
							,				
30.4											

[700] Price Offerings Including Voice Rate I	Jeta
	50000000
Data Collection Form	

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	432011
<015>	Study Area Name	OKLAHOMA WINDSTREAM
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

 <701> Residential Local Service Charge Effective Date
 1/1/2014

 <702> Single State-wide Residential Local Service Charge

<703>

(al>	<825	<a3></a3>	 		<63>	<ba></ba> <b4></b4>	<bs><</bs>	<€
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
OK	ALL		PR	15.0	0.0	0.1	0.0	15.1
OK	ALL		MS	10.0	0.0	0.06	0.0	10.06

<010>	Study Area Code	432011
<015>	Study Area Name	OKLAHOMA WINDSTREAM
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<711>

1501>	<2>	41 2 cg	 4625 · · · · · · · · · · · · · · · · · · ·	<0> <d1></d1>	<d2< th=""><th><d3></d3></th><th></th><th><44></th></d2<>	<d3></d3>		<44>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service -	Broadband Service -Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached {select}
oĸ	POTEAU	42.99	0.0	42.99	12.0	2.0	0.0	Other, No limit on usage allowance
ок	POTEAU	49.99	0.0	49.99	24.0	2.0	0.0	Other, No limit on usage allowance
OK	POTRAU	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowance
	311193333							
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				-		- 1		
							15-35	16.0
								10.00

	erating Companies lection Form	*E		FCC Form 481 OMB Control No. 3060-0986/QMB Control No. 3060-0819 July 2013
<010>	Study Area Code	432011		
<015>	Study Area Name	OKLAHOMA WIN	DSTREAM	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 e	xt.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heaco	x@windstream.com	
<810>	Reporting Carrier Oklahoma Windstream, LLC Holding Company Windstream Holdings, Inc.			
<811> <812>	Holding Company Windstream Holdings, Inc. Operating Company Oklahoma Windstream, LLC			
<813>			;, <a2></a2>	<a3></a3>
V8137	Affiliates		<a2></a2>	<a3> Doing Business As Company or Brand Designation</a3>
	Affiliates			
-	Affiliates			
	Affiliates			
-	Affiliates			

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